

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <u>09-700611</u>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.					
1	/						51	/			
2		/					52	/			
3		/					53	/			
4		/					54	/			
5		/					55	/			
6		/					56	/			
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42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50	/						100				
TOTAL IND.							TOTAL IND.	4			
TOTAL DEP.							TOTAL DEP.	65			
TOTAL CLAIMS							TOTAL CLAIMS	69			

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